

**SERVICE / VEHICLE LICENSURE AND
TRAUMA VERIFICATION APPLICATION
GENERAL OPERATION**

Please describe the **general operation** of your service; including how it will operate in a manner consistent with WAC 246-976, the Regional Plan, and approved Regional Patient Care Procedures. *(Please find this information on our website at www.doh.wa.gov/hsqa/emtp click on "Licensure Processes." If you need hard copies of this information, please contact the appropriate Licensing and Certification office, shown at the bottom of this application).* Provide an explanation of your:

1. Dispatch plan

We are dispatched by the County 911 System.

2. Response plan

To send the nearest EMS licensed vehicle (with EMTs) followed by ALS if necessary.

3. Response area

Our response area is the city of Elsewhere (example; from street A to Z).

4. Type of transport (emergency and/or interfacility), if any

We provide both emergency and interfacility transport.

5. Tiered response and rendezvous, if any

We provide tiered response with BLS, ILS and ALS (see #2).

6. Back-up plan to respond

Our back-up response plan is via a mutual aid agreement with Fire Dist. #10.

NOTE: Other services involved in your response plan must be informed by you that they are participants and must agree to that participation. Attach extra sheets as necessary.

"I hereby affirm and declare that the information provided in this application is true and correct, and that:

1. We operate in a manner consistent with the Regional Plan and pre-hospital patient care procedures;
2. The vehicles identified on this application meet the equipment requirements for the level and type of trauma verification requested by our service;
3. We maintain minimum staffing levels for verification as identified on Page 3;
4. Our trained EMS personnel utilize approved Medical Program Director (MPD) protocols; and
5. We have adequate insurance coverage (copy attached)."

Person Completing Application (Please Print)

Date

Owner/Operator (Signature & Title)

Date

DO NOT DUPLICATE

WEST: OEMTP / L&C, PO BOX 47853, OLYMPIA, WASHINGTON 98504-7853 / (360) 705-6711 / 1-800-458-5281, Ext. #1
EAST: OEMTP / L&C, 1500 WEST 4TH, SUITE 403, SPOKANE, WASHINGTON 99204 / (509) 456-2904 / 1-800-458-5276